

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-876)</small>							<small>Serial No.</small> <b>097462962</b>	<small>Filing Date</small> 					
							<small>Applicant(s)</small> 						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
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TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						